

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9094

1003

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>8 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>1021 East 14th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>WHITNEY</u> c. (Last) <u>WHITNEY</u>		4. DATE OF DEATH (Month) <u>MARCH</u> (Day) <u>1</u> (Year) <u>1950</u>		5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>NEGRO</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 8 1876</u> 9. AGE (In years last birthday) <u>73</u> If under 1 year: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>  </u>		11. BIRTHPLACE (State or foreign country) <u>ASHDOWN, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>CHARLEY TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Whitney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BESSIE LOGAN</u> ADDRESS <u>1021 East 14th St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA (CLINICAL)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIONEPHROSCLEROSIS</u> DUE TO (c) <u>  </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>TERMINAL BRONCHO PNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>446x</u>	
19a. DATE OF OPERATION <u>  </u>		19b. MAJOR FINDINGS OF OPERATION <u>  </u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>  </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>  </u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>  </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>  </u>			
22. I hereby certify that I attended the deceased from <u>2-25</u> , 19 <u>50</u> , to <u>3-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>50</u> , and that death occurred at <u>8:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) <u>  </u>				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>3-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/4/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-3-50</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. 1729 Lydia</u> ADDRESS <u>  </u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James M. Manlove*  
Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.